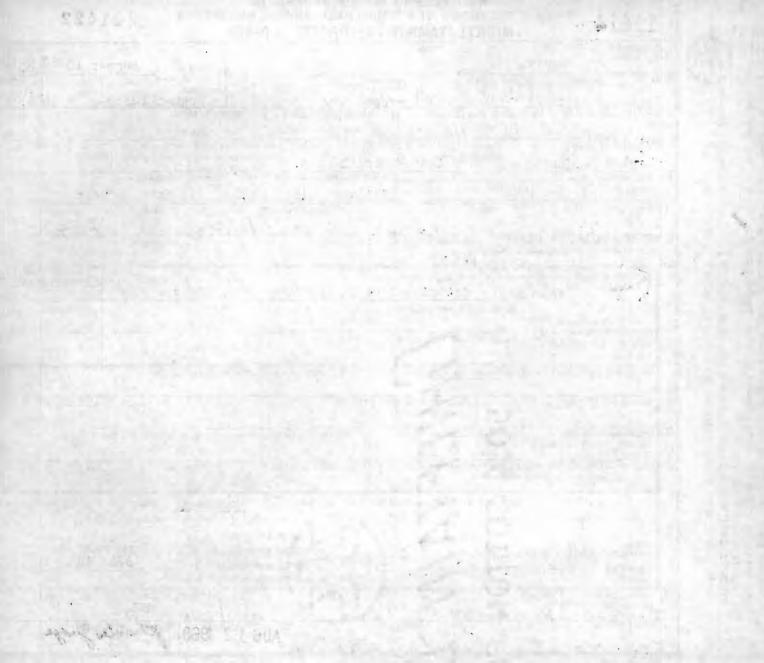
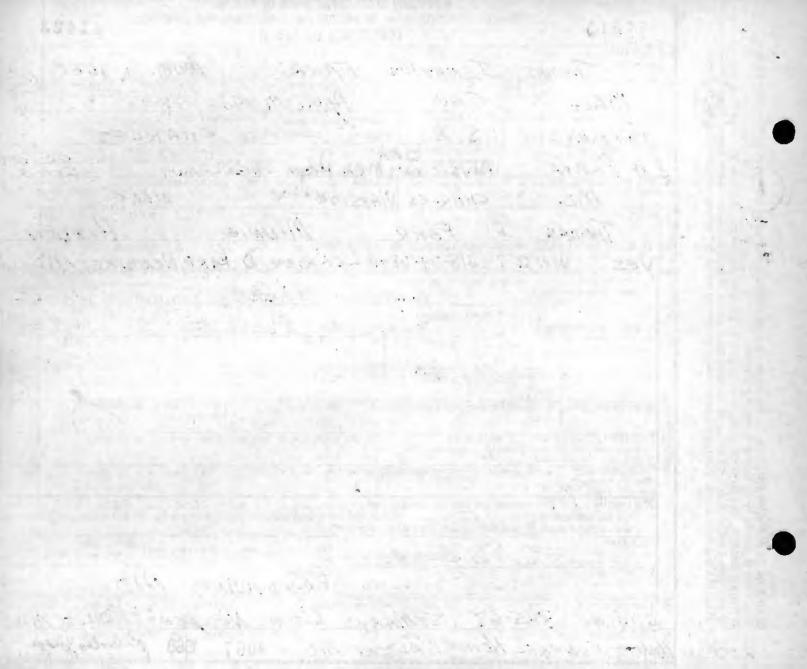
MAKYLANU STATE DEPAKTMENT OF HEALTH

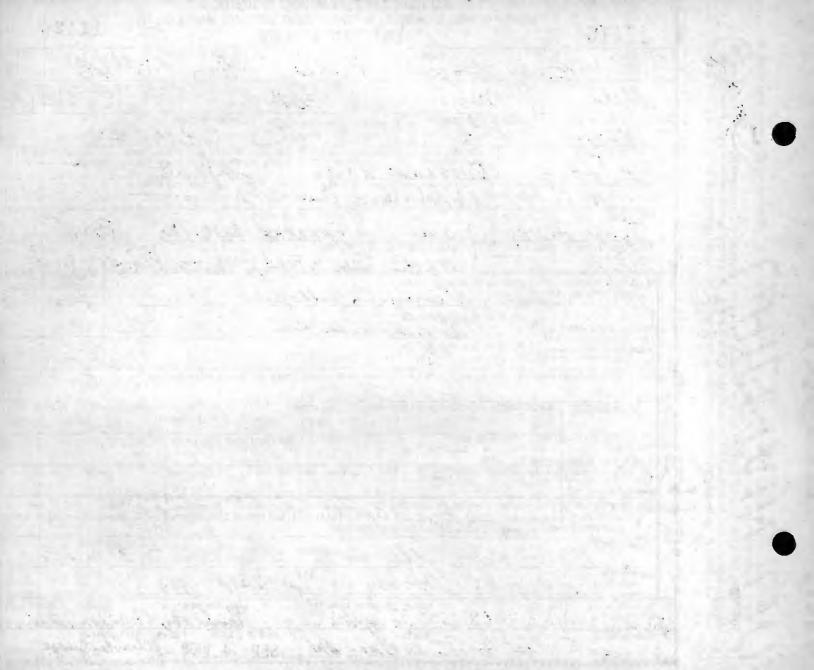


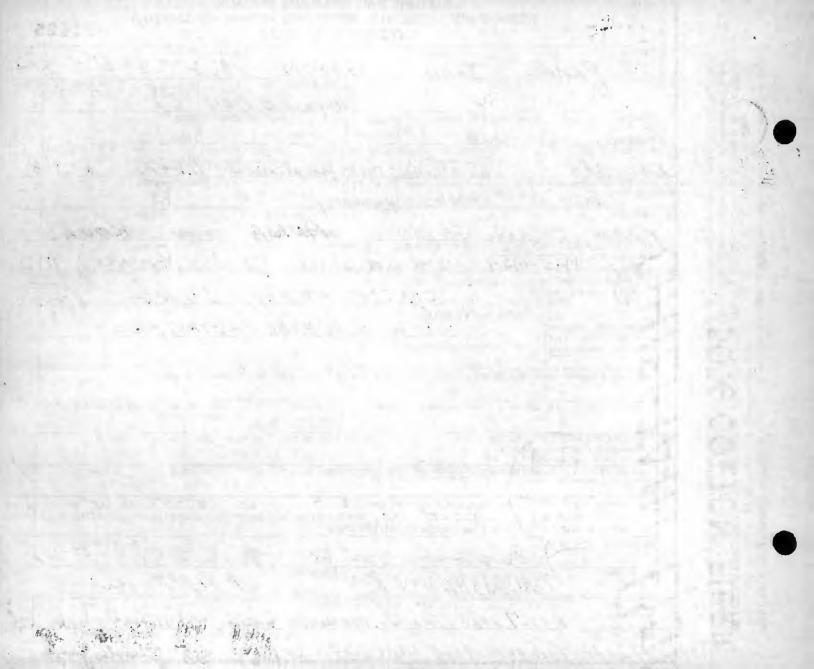
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17)		11413 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11423
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riffic val,		Yes, no, or unknown) (11 yes give way or statement service) 218-09-6846 LORRINE D. FARR NEWS	IRG, IND.
ng F		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
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are are			Item 18.)
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this deto		at wast	. 0-
ING Py t ter se o		220. I certify that (I) (this haspital) attended the deceased from - 10, 19 to	68, that (1) (we) last
ed les Ald les She	П	saw the deceased after on 1960, and that in (my) (our) opinion death accurred on the do couses stated above, (I) (we) (did) (did not) view the body after death.	te and hour and from the
The first of the f			DATE SIGNED
REC 3 S S S S S S S S S S S S S S S S S S	L	DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	X-1-/5
		22d. PHYSICIAN'S 22a ADDRESS 27a ADDRESS	0 1-6 0
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OSI UNE Scroon	230	D. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town)	(Caunty) (State)
Pag Pag Sho		D. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town) STANDAL SPECIAL REPORT CA	ARLES MD
	24,		SIGNATURE
30M REV. 1/68	14	TUNTT FUNERAL HOME, WALDORF, MD. DATE AUG 7: 1968 HOL	artes Judge.
	4		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11424 416 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR after death (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years burial, crematian, ar removal, and in any event, within 72 haurs after last birthday) OAYS HOURS MONTHS MIN. YRS 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TI NEVER MARRIED 9. COUNTY OF DEATH remave carban papers. country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give_street oddress} during most of working life, even if retired.) INDUSTRY completely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 12e STREET AND NUMBER 13c. CITY OR TOWN requires that the death certificate be executed odmission) STATE 13b. COUNTY LAINEYEST NO puo 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give wer or dates of service) LAIN attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a)) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) attending been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES T NO 🗍 TO FUNERAL DIRECTOR: After this certificate 4 may be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while at work 19 (18 to 22a. I certify that (I) (this haspital) attended the deceased from... 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** DEGREE PHYS. 22d PHYSITIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR VR A 514 1968 DATESEP 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH





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	DECEASED-NAME Type or Print)	First ETHEL	Mid	die	GOLDSMI'	TH	20. DATE KNOW OF ESTI DEATH MATE			2b. HOUR 1:15 P.N
3. 5		hite A	G. 91417	6. AGE (in years lost birthday)	MONTHS DAYS	10. 99 (0. 00 - 10		UNCED DEAD	Year 19 68	2d. HOUR 1:15 P. N
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1	Waldorf		give street address) LaPlace	a Hospit	a1	during	SUAL OCCUPATION (Kind most of working life, as	en if retired.)	12b. KIND OF BUS INDUSTRY ESTAVI	
0	USUAL RESIDENCE (Whe	136KS	arles	Wa	ldorf	YES NO	⁰X□ Waldo	rf, Mar	yland	
	Mo	RTON		NER	IS. MOTHER'S M	1	First	Middle	TURNE	
160.	WAS DECEASED EVER IN U.S Yas, no, or unknown)	S. ARMED FORCES? (If yes give war at detes a	serving 166 SOCIAL SEC	2-6-124.	ELSIE	PEE	D. BRAND	DORESS	€, M	2.
	18. CAUSE OF DEATH PART I. DEATH W	(Enter only one cou AS CAUSED BY: IMMEDIATE CAUSE	se per line for (o), (b), (o) Fatty		tion of	Liver			APPROXIMATE BETWEEN ONSET	
	Conditions, if any, which	DUE	TO, OR AS A CONSEQU	ENCE OF						
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CERTIFICATION	190. DATE OF OPERATIO		19b. CONDITION WAS PERI	N FOR WHICH OP ORMED?	ERATION				20. AUTOPSY YES X	NO 🗆
MEDICAL CES	210. EXTERNAL CAUSE W PRIMARY OR CONTRI CAUSE OF DEATH		TIME OF INJURY Month, I HOUR A.M. P.M.	Doy, Year	No. HOW INJURY	OCCURRED (Ent	er nature of injury in Po	rt I or Port 2, I	tem 18.)	
ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK		NJURY (At home, form, e building, etc.)	street,	21f. LOCATION Stre	et or R.F.D. No.	City or Tow	n	County	Stote
			ge of the remains d		e, held aR • Au Suicide,	topsy X, Homicide	Inspection, e, Undetermi	Inquiry [ned monner], and in m	y opinior
	ACTUAL SIGNATURE	ush "	9m)-			HIEF MEDICAL (22b. DATI		
	EXAMINER'S NAME (Type)	Werner 1	J Spitz, M	M.D.		EPUTY MEDICAL DDRESS(Street,	city, town, or county)	-	8/27/68_	
230	BURIAL, CREMATION, BENOVAL (Specify)	23b. DATE 8-29	1-68 S	AME OF CEMETER	OR CREMATORY	EM.	23d. LOGATION (City	v. P.	G. M.	tate)
14	FUNERAL DIRECTOR	NERAL	Home, W	ALDOR ALDOR	F, MD.	DATE AU	G 3 0 1968	b REGISTRAR'S	signatury gung	e.

VR A15ME (5) 10M REV. 1/68

5 may be retained far your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tanks with the State Departm

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

necessary, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

TO DEPUTY

Health prior to burial, cremation, or removal, and in any event within 72 hours after death

FOR STATE HEALTH DEPT.

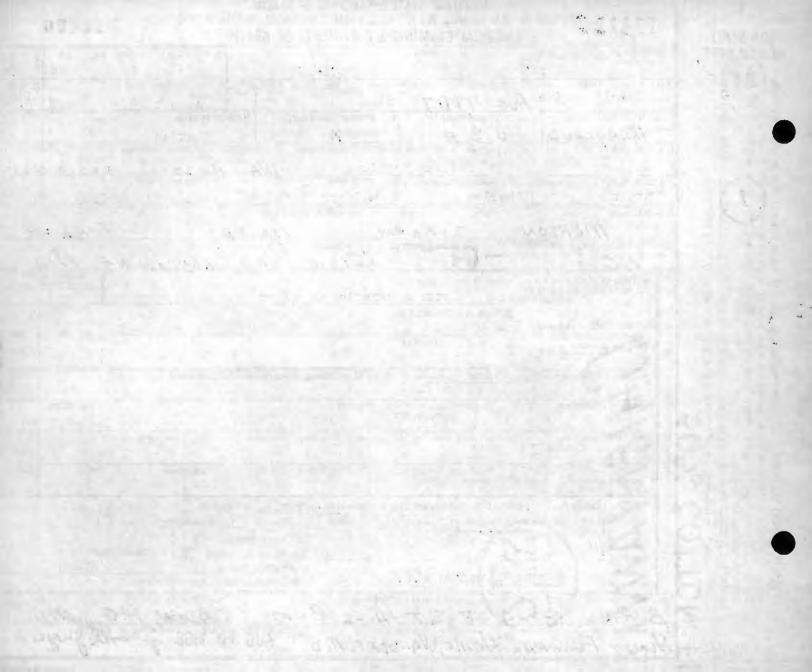
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This certificate should be executed within 24 hours after death

with form

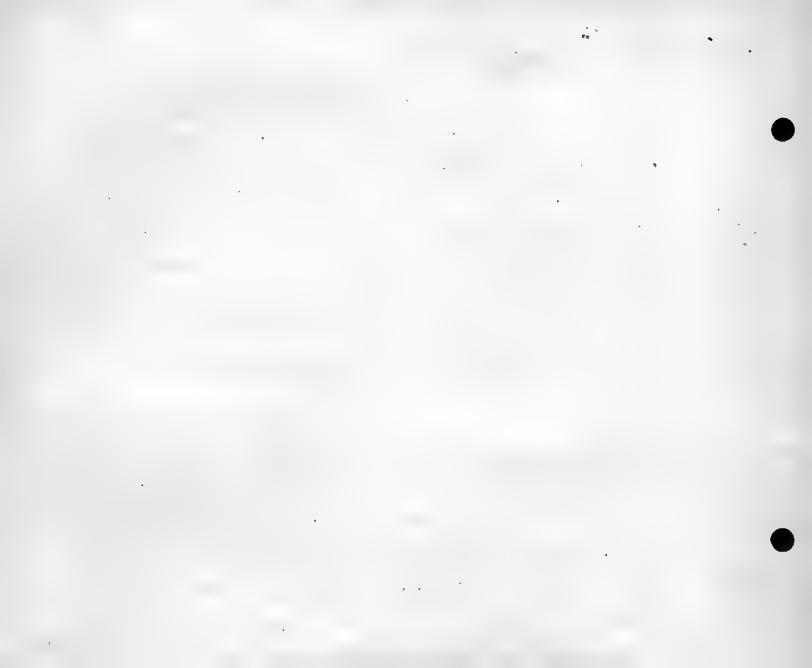
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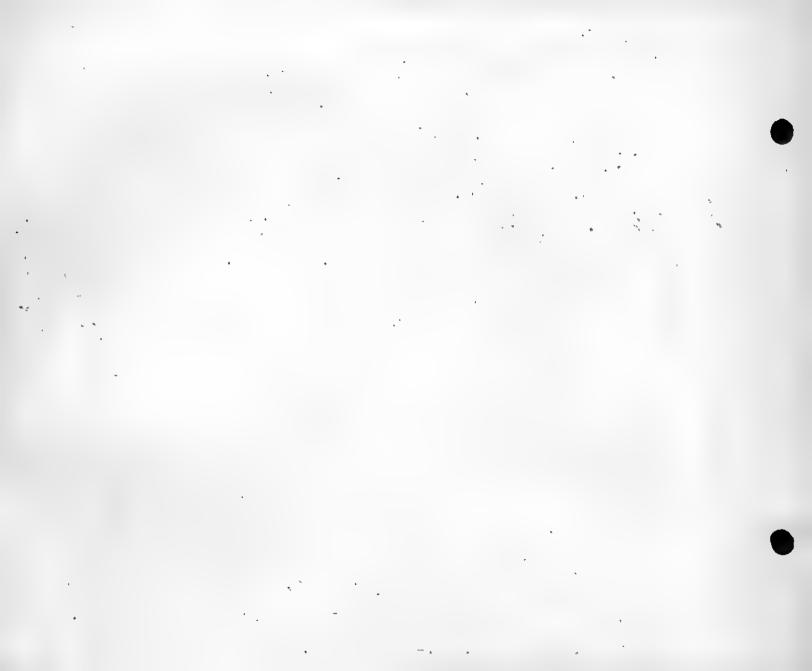
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 . 6 (
HEALTH DEPTS	1. D	DECEASED NAME . First Middle Lost Que Esti-	Year 2b HOUR
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ive F		La Plata grand Memorial Hospital Equipment bp.	U.S. Gov.
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	14. F	ATHERS NAME First Middle Lost S. MOTHERS MAIDEN NAME First Middle John F. Lancaster (Unkown)	Lost
onr.	160 YQ	WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Newbursh (Nyssoftware orphores of sorres) 217-14-7552 wirs. Blanche Ivi. Lancaster	rg, Ad.
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担力 号 3	MEDICAL CE	210 EXTERNAL CAUSE WAS 21b TIME OF NURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Part 2, Item 18 HOUR A M. P.M. 19	1)
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₹ % ≥ " • • ×		22a certify that I taak charge of the remains described above, held an Autopsy , Inspection majory , death resulted from Natural causes Accident , Suicide , Homicide , Undetermined manner	and in my apinian
to to		CHIEF MEDICAL EXAMINER	
AIL AIL		SIGNATUREMD ASSISTANT MEDICAL EXAMINER 22b DATE SIGNI	ED
Cessar Cessar B func May I FUNCT	L	EXAMINER'S NAME (Type) EXAMINER'S Street, city, town, or county)	66
TO DI nece the 5 mm		BURIA. (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (Court State 23d Holy Ghost Cemetery Issue, Navy)	
		FUNERAL DIRECTOR ADDRESS 250 REC D BY REG-STRAR 250 REGISTRARS S GNA	
VR A15ME (南) 1	Ar	rehart Funeral Home, Inc La Plata, Md. DATAUG 16 1968 yourse	andre
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1	1	MAKYLAND STATE DEPAKTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	728
FOR STATE	L_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 [DECEASED NAME First Middle Lost 20 DATE KNOWN Month (Type or Print)	dy Yeor 2b HOUR
af af		BARBARA VANITA LILLEY OF ESTI DEATH MATED 8 1	3 1968 M
y delay is and 3 ta pm3 Page	3 9	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years I F UNDER 1 YEAR I F UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
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s after 18. Gir y along 2 with death		USUAL RES DENCE (Where deceased ved, finishing on Residence before 13c. CITY OR TOWN 3d MSIDE CITY DM-152 13e STREET AND NUMBER 13b COUNTY? have 15 years 10	
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	LC	LARENCE Lee TUCKER VANITA WATKINS	Tucker.
merin 24		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Yes no, or unknown) (14 yes give wor or dates of service)	1 /
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Med Med It v		25.5 X DUE TO, OR AS A CONSEQUENCE OF	
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변국 후 이	AL C	PRIMARY IS OR CONTRIBITING HOUR A M	18)
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	2	21d NJURY OCCURRED 21e PLACE OF NJJRY (At home, form, street, WHILE NOT WHILE FOCKER, office building, etc.)	County State
CAL EXAMINER: execute the cert or. Page 4 shauld for your files. CTOR: Page 3 shauld burial, crematian,		AT WORK AT WORK KAI Car? ? Char?	es Md.
please execute director. Page retained for you biRECTOR: Page or to burial, created for to burial, created bur		22a certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 🔲, Inquiry 🔲,	and in my opinian
Pull Ged and a second a second and a second		death resulted from Notural causes 1. Accident . Suicide XX Homicide . Undetermined manner	
TY Y, please ral direct be retain (AL DIRE	ł	CHIEF MEDICAL EXAMINER	
la l		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
ER be			gust 15, 1968
DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 45 may be retained far yaur 5 FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
TO DEPUTY necessary, the funeral formal Funeral formal Health pr	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) ((aunty) (State)
		BURGER 181 8-17-68 TRINITY Mem. CARCLES IN ALDER + C	inache mel
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR'S SIL	GNATURE
VR A15ME [5] 10M REV 1/68 (1)		HINT + FUNERAL HOME WALDER DATE AUG 19 1968 YChang	4 0 -
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- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	7
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	1 09	EASED-NAME De-or ognity Sulvested Middle Mindle to 20. DATE OF DEATH Month & Dots Type S	26 HOUR-
	3. SE	4. RACE S. DATE OF BIRTH 6. AGE (In years level monins days not	INDER 24 HRS URS Min
	7a. B	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED DIVORCED 1	N.
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	13a admi	SUAL RESIDENCE (Where deceased lived, if institution: Residence before list CITY OF IOWN 13d INSIDE CITY MITS? 13e STREET AND NUMBER sign) STATE Md. 13b. COUNTY Charles La Plata YES NO A	
,	14/1	STHER'S NAME First Middle Middle Most! IS. MOTHER SMAIDEN NAME First Com Middle Herseller Middle Herseller	ast
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1		18. CAUSE OF DEATH (Enter only one cause per line for (o) (h), and (c))	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2/0
		DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave rise to immediate cause (a), (b) // lein. attitude g	2-66
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	CERTIFICATION	9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	YING
2	STIFIC	YES NO K CAUSES OF DEATH?	
П		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)	
1	MEDICAL	If either, natify medical examiner) P.M. 19	
1	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No City or Town County While Not while	\$tate
ı		twark at wark 222a. I certify that (I) (this haspital) oftended, the deceased from 1, 196, to 2, 198, that (I)	Inal In
1		saw the deceased olive on the date and hour and	from th
-		causes stated above (I) (we) (did) (did nar) view the body after death.	
1		226. SIGNATURE DEGREE ATTENDING DIRECTOR DIRECTOR PHYS DIRECTOR D	18
		DIA BINCICIANIC 19	
		NAME (Type) / La Plata, Maryland	
	230	BURIAL, (REMATION, 235, DATE 8/26/1968 Sacred Heart Cemetery La Plata, (County). (St. NAME OF CEMETERY OF CREMATORY CEMETERY La Plata, Md.	fate)
1		UNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	A	rehart Funeral Home. Inc La Plata. Md. DATE ALIG 27 1968 (Charles Judge	60



1	Ite	ems 18822a Film 101 MARYLAND STATE DEPARTMENT OF HEALTH 3-68 ams Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	100
FOR STATE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	730
HEALTH-DEPT.		ECEASED NAME First Middle .ost Muschette 20 DATE KNOWN Manth Do Type or Print)	(F 2A
29 12		ADRIAN T. /MUCHEYEE DEATH MATED X 8/18	168 5:30 _M
	3 5	Manth Day	year 5 2d Hour 5:15
Dy d		male negro Mily 14,67 of product 18, 8 RITHPLACE (Stote of foreign 76 CITIZEN OF WHAT COUNTRY) 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1968 р.м
death Ony	coun		Md
arh ages ih fo		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12)	KIND OF BUSINESS OR
Give Pages 1, bng with form the State Diath.		Pomered Larlata Larlata Hospital	OUSTRY
	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13t. CITY OR TOWN 13b COUNTAIN 18 Pomfret YES NO 2 Pomfret, Maryla	,
42%	-	MESTOULAND 136 CONTACTION Pomfret YES □ NO [X] Pomfret, Maryla	
Office of feer of	14. 7		od land
hin 24 ncil in niner: pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 NFORMANT A ADDRESS	000/14-00
	- C	(es, no or unknown) [11 yes give war or dates at service) NONE HEGINA MUSCHETTE, Von	FRET, Sho
ruld be executed wit rord "pending" in pe te Chief Medical Exar al transit permit. File any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART ! DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecutec iding" i Aedical permit.		IMMEDIATE CAUSE (a) ACCUSE INVOCATOLLIS	
e e per le ef N ef N er l	1	Conditions, if any, which gave)	
Pad bid bid bid bid bid bid bid bid bid bi		nse ta immediate cause (a). (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld be e he word "per ta the Chief I burral transit J in any ever		last (c)	
(AMINER: This certificate she to the certificate, writing the we should be farwarded to the rour files. age 3 should be used as a burn cremation, or removal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifica rifing rardec ed as	NOT	7 / ^ 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his certifiate, writine farwar	CERTIFICATION	WAS PERFORMED?	YES X NO
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FNER: T e certific should b files. 3 should intran, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM 19	
= A 11 5	*	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street, while not while factory, office building, etc.)	County State
		AT WORK AT WORK	
ICAL E r executor. Por ed for CTOR: F		22o. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection, Inquiry, death refulted from. Notural causes XI Accident, Suicide, Hamicide, Undetermined monner	ond in my opinion
		CHIEF MEDICAL EXAMINER	J
2 S		ACTUAL SIGNATURE ASS STANT MED CA. EXAMINER X 22b. DATE SIG	
cessory, Fe funeral may be refuneral funeral may be refuneral		EXAMINER'S WERDER IT Spitz MAP DEPUTY MED CAL EXAMINER [8/1	.9/68
	02-	Traile (196)	15444
5 5 ± 2 5 ± 5	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (CC	(State) (State)
2	14	FUNERAL DIRECTOR TIME ADDRESS 250 REC D BY REGISTRAR 256 R	HATUR
VR A15ME (5) 10M REV 1/68	141	REHART FOR ERAL Home , LAYLATA, MI, DATE AUG 27 1968 John	200



1	1	MAKTLAND STATE DEPARTMENT OF HEALTH TEMPERATURE OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 131
TH DEPT.	1 D	FCFASED NAME First M.ddle Lost 20 DATE KNOWN Month OF ESTI- TYPE OF Prott) JAMES JOHN WALTER PENNY DEATH MAIED Augus	
Tue de de la constante de la c	1	A RACE S DATE OF BIRTH 6 AGE 10 years 1 UNDER 1 TEAR 15 UNDER 24 HRS 20. DATE PRONOUNCED DEAD Month Augus 24,	2d HOURT
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e)	I	Byrantown (Rural) give stand Memorial/ Hospital most of working literated	126. KIND OF BUSINESS OR INDUSTRY
and 2 with offer death.	0	USUAL RESIDENCE (Where deceosed lived, finstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY . MILS? 13e. STREET AND NUMBER dmiss on) STATE A.d. 13b COUNTY Charles Bryantown YES \(\superscript{NOXX}\) (Rural)	
ann s		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle JAMES GUSTINE PENNY ELSIE PROCTOR	Lost
77 (100H)	160. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es po, or unknown) (If yes give war or dotes of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 219-36-9604 Mother-Elsie Proctor-Larbu	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Shotgun wound to head	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
I in ony event within 72		Conditions, if ony, which gove nise to immediate couse (a). (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
and in only		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF tost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	NON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
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o financian formation	DICAL	PRIMARY KE OR CONTRIBUTING 1 21- PLACE OF INJURY AS A 4-m 19 68 Shotgun wound of head 21 INJURY OF LIPPED 121- PLACE OF INJURY AS A 19 68 Shotgun wound of head	County State
1		(octob) office by dipp ate)	Charles M.1
		deoth resulted from Noturol couses . Accident . Suicide . Homicide . Undetermined monner	
prior		ACTUAL SIGNATURE ACTUAL CHIEF MEDICAL EXAMINER AUGUST SYMMUNESS PORTED AND ASSISTANT MEDICAL EXAMINER AUGUST AUGUST AUGUST AUGUST	signed t 5, 1968
	230	NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)	(County) (State)
		BRINDIA 8/8/1968 Sacred Heart Cemetery La Plata,	Maryland
20		Arehart Funeral Home, Inc La Plata, N. done All 6.9 1968 Plan	les Judge

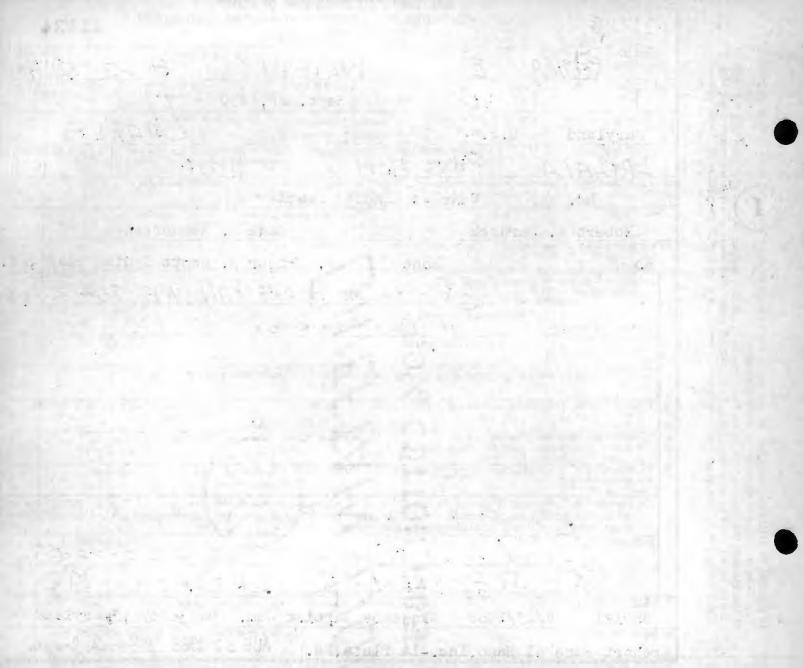


/ 1		MARYLAND STATE DEPARTMENT OF HEALTH
D TO STATE OF THE		12424 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH_DEPT.		Type or Print) A Strict Me Middle South Strict Mount Day Year 20 HOUR
		DEATH MATER IN COLUMN TO THE PARTY OF THE PA
delay and a	3 5	
A B CA		VRS WONTES DAYS HOURS WIN Months Day 7 Year Common Common Day 7 Year Common Day 7 Ye
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haurs after death any item 18. Give Pages 1, 2, 00 offee along with farm Phanana and 2 with the State Departation offer death	12	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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	19	ATHER'S NAME Flist Middle Lost 1/2/MOTHER'S MAIDEN NAME First Middle Lost Nortin C. Proctor Nortin C. Proctor
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
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vard "be executed wir vard "pending" in pe he Chief Medical Exat al-transit permit. File any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for)a), (b), and (c).) APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
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be p p hief ansi		Conditions, il ony, which gove rise to immediate couse (a).
rold rard rard al-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE, OF
ite shauld be e the ward "per d ta the Chief I a burial-transit ind in any ever		lost. (c)
This certificate shauld be executed within litate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine d be used as a burial-transit permit. File pagar remaval, and in any event within 72 hou		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
vriti vari vari vari	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
Fig. v. S. C. S. C	FICA	WAS PERFORMED?
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R. s. s. s. sauly	MEDICAL	PRIMARY OR CONTRIBUTING HOUR AM 8-2319 (8
sho	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY CAT being, form, street, 21/10(APTON Street or R.F.D.No. City bewing County State
DEPUTY COLOR EXAMINER: This certificessary, please execute the certificate, write the funeral directar. Page 4 should be farwan may be retained far your files. FUNERAL DIRECTOR: Page 3 should be used saith priar to burial, cremation, ar remova		WHILE AT WORK
L EXA cecute Page for you DR:Pag		220. I certify that I) tack charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
SICAL E ase execu- rectar. Pa sined far RECTOR: ta bur'al,		death resulted from Notural causes , Accident , Suicidea Homicide , Undetermined monner
director.		CHIEF MEDICAL EXAMINER
ITY DICA ry, please e eral directar be retained RAL DIRECT priar to bu		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
EPUTY SSGTY, funeral oy be oy be in pro-		EXAMINER'S DEPLOY MEDICA EXAMINER
O DEPUT necessary the funer 5 may be O FUNERA Health p	00	NAME (Type) APPRESS(Street, city, town, or county)
5 25	230	BURIAL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty, or Town). (County) (Store)
ALAX .	24	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25B REGISTRAR'S SIGNATURE
VR ATSME IST	13	Wartelk adams aquas co. Md. DATE SEP 3 1968 yourse Judge



. *		•		MARYLANI	STATE DEI	PARTMENT (OF HEALTH		100	
		11425	DIVISION OF V	ITAL RECORDS, :	301 W. PREST	ION STREET, I	BALTIMORE, MA	ARYLAND 21201	11533	ì
		and the last feet was		C	ERTIFICAT	E OF DEA	TH		JA JA JA W	
~ ~ ~ ~	1 D	CEASED-NAME First		Middle		Lost	2g DATE O	F DEATH		2b. HOUR
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V S-2	3. SI		4 RACE			ATE OF BIRTH	0 770	6 AGE (in years	IF UNDER 1 YEAR IF	UNDER 24 HRS.
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bour hour			75. CITIZEN OF WHAT			IEVER MARRIED 🗌	- CO			
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트 를 모다 / 0		TITY OR TOWN OF DEATH	11 NAMS	E OF HOSPITAL OR INST	TUTION (If not in	hospital 12o	USUAL OCCUPATION	N (Kind of work done g life, even if retired)	125 KIND OF BUS	SINESS OR
be executed within and campletely fille remave carban point in any event, within	I	aPlata	give PT	fysician's			Diop for	g iire, even ir retired) Eman	Auto co)
cuted v amplete ive carb	130.	USUAL RESIDENCE (Where decease	id lived, if institution	Residence before	Woodingor	en, Pkw	E CITY LUM TS2 13e S	TREET AND NUMBER		
we we	adm	ission) STATE Md.	135 COUNTY Char	cles	LaPlata	YES 🙀	NO Box	x # 40 Woo	dhaven, Pa	ark
Dax Day	14	FATHER'S NAME First	Middle	Lost	IS MO	THER'S MAIDEN N.	AME First	Middle		Lost
	l p	avid S. Richard	ison			Katherin		Smith		
in as pu		WAS DECEASED EVER IN U.S. ARM		SE SOCIAL SECURITY N				Address		
1 9 Y O	Y	es no or unknown) (If yes give wo	and to A and A	25 10 022			Richards		e as Abov	
that the death certifian. by the attending phy transit permit. Then crematian, ar remava	 =				Z Hat	gareo r.	TOLKITEL CO	7 Den	APPROXIMATI	
ne death ce attending p permit. The		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane couse per une	for (o), (b), and (c)	-		15/	Ace. 7	BETWEEN ONSET	AND DEATH
ne deatl attendi permit.	1		TE CAUSE (a)	uncer	ron 1	myor	accept	myruce	180 ft 1	- Avo.
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hat n. oy 1 ans	ı	nse to immediate couse (a), stating the underlying couse	1,	A CONSEQUENCE OF						
2		las!	(c)							
PHYSICIAN: The law requires that the deatle haspital ar attending physician. his certificate has been signed by the attendistance far use as the burial-transit permit. Dept. at Health priar ta burial, crematian, ar r		PART 2 OTHER SIGNIFICANT CON		IG TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIV	EN IN PART 1(o)		
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AN: The law rall and attending and the peen for use as the Health priar to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	G 215. TIME OF IN	IIIIDV	las How II		_	ury in Port I of Part 2	Mars 191	
al o		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	Month Day Year	ZIC HUW II	NOK1 OCCURRED	(Enter noture of in	Jry in Port Lor Part 2	, ITem 16.)	
SIC.	MEDICAL	(If either, natify medical examin	er) P.M.	19						
PHYS le has his cel stache Dept.	≥	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT	i Home, farm, street, fact Ffice Building, etc.	ORY,) 21f. LOCATI	ON Street ar R.F.	.D. No. Cit	y ar Tawn	County	State
S PHYSIC the haspir this certi defached e Dept. at		at wark of wark								
The feet of the state of the st		22a. I certify that (I) (thi	s hospital) atten	ded the deceose	d from	5	19201, 10_	occurred on the o	9.6 £ that (I) (we) last
ed le		saw the deceased al	ive an		ond th	at in (my) (ovi	r) opinion deoth	occurred on the	late and hour an	d from the
OR OF THE		causes stoted above	, (I) (we) (ala) (al	a not) view the b	ody after deor	n			DATE SIGNED	
OR ATTENDING PHYSICIA be retained by the haspital SIRECTOR: After this certifica e 3 should be detached fa ed with the State Dept. af H		22b. SIGNATURE	1/1/11			ATTENDING	MED -	STAFF -	C. DATE SIGNED	2.0
be ded ge	L	TO NOT	Mies	<u>~~</u>	DEGREE	PHYS L	DIRECTOR L	PHYS (0 7 . 0	Pd'
TAI Po Po Fin	1	22d. PHYSICIAÑ'S NAME (Type)	M. Jol	41/000	1 UnD	22e ADDRESS	1. A. X.	2) ATA	Mal	
Page 4 may be retained by the haspital ar 10 FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt				110200	101-1				11/4 1	
공항	230	BURIAL, CREMATION, 23b. D		1	EMETERY OR CREA			10N (City ar Tawn)		(State)
2 2 5 1			/10/68		incoln C				P. G. Md.	-
VR AISAN	24.	FUNERAL DIRECTOR		ADDRESS		25o. R	EC'D BY REGISTRAN	168 25b. A GISTANA	STATION OF	
VR A13/4/ 30M REV. 1768		Francis Gasch's	s Sons F	lyattsvill	e, Md.	DATE	IOO I P I	U		





1	MARYLAND STATE DEPARTMENT OF HEALTH
	11627 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME 20. DATE KNOWN Magth Day Year 2b. HOUR
S O B P	(Type or Print) HEDRICA J. YOUNG DEATH MATED 8 30 608 84M
3 m 0 1 t	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2d HOUR
Para Para Para Para Para Para Para Para	MONTHS DAYS HOURS MIN. MONTHO DOY LO YOURS NO.
200	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
0 - B - D	
A PE	
after death 3. Give Pages along with for with the store	10. CITY OR TOWN OF DEATH 11. NAME AT HOSPITAL OR, INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give styles address) 12. CITY OR TOWN OF DEATH 13. NAME AT HOSPITAL OR, INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR GIVE STATE OR AND
0 0	1 Styles 1 Com Milli your Milli
s affer 18. Giv along with t death.	13a. USUAL RESIDENCE (Where deceosed lived, if Institution: Residence before 13c. CITY OR TOWN 13d. INSIDE GITY LIMITS? 13e. STREET AND NUMBER
ST D D	admission) Valerginia (36. COUNT) Luvanna Bremo Bluffes No R. F.D. 1
hours Item 1 Office I and 2 after d	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
	Ernest (NMN) Young Mary Frances Ross
within 24 n pencil in Examiner's File pages 7.72 hours	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
mir po	(Yes, no, quinknown) (If yes give wer of dates of service) Mrs. Shedrick Young, Bremo Bluff
d within in pencil Examine File page	A SERVICIAL WARDEN
be executed "pending" in nief Medical E. ansit permit. Fevent within	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), gold (c).) PART I. DEATH WAS CAUSED BY:
ding edin wi	14/10 IMMEDIATE CAUSE (a) () With the Control of t
be exemined we have a most performed and the second	DUE TO, OR AS A CONSEQUENCE OF
d be chief Chief transit	Conditions, if ony, which gave) rise to immediate cause (a), (b)
ward ward the Ch rial-tr	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should be e ne ward "per ta the Chief I buriol-transit	iost. (c)
(h)	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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is certifi te, writir farward e used a remaval,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
far far X	₩AS PERFORMED?
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21a. EXTERNAL CAUSE WAS
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(AMINER: te the certifie to 4 should vaur files. age 3 shauld cremation,	CAUSE OF DEATH P.M. 14 VISCOURY AGUILES — JUNIUPE AD MOULE 21d INJURY OCCURRED 21e: PLACE DE INJURY (At Joine, form, street, 121f. LOCATION Street or RF.D. No.! City of Town Sounty State
the sem	increase this is commission of the
0 2 0 ~~	AT WORK AT WOR
ICAL E exect tar. Pa for CTOR: burial,	22a. I certify that I took charge of the remains described above, held an Autapsy, InspectionInquiry, and in my apinion
D o p a p a	death resulted frame Matural causes C., Accident C., Suicide C., Hamicide C., Undetermined manner C.
please e please e retained	CHIEF MEDICAL EXAMINER
2	ACTUAL SIGNATURE ADD. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
ury, ary, be be pri	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
DEPUTY Scessory, per funeral may be r FUNERAL	NAME (Type) ADDRESS(Street, city, town, or county)
ro DEPUTY Decesed the funeral direct 5 may be retained for FUNERAL DIRECT Health prior to	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	REMOVAL (Specify)
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